



# Incident Report

**Print Date/Time:** 02/01/2016 14:56  
**Login ID:** ss0139

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00001068

**Incident Date/Time:** 1/18/2016 2:17:00 AM  
**Location:** 704 87TH AVE NE 28  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 945-6097  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 2  
**Status:** 2  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19N1	SS0126-Hingtgen
19N2	SS0127-Adams

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Registered Owner	VILLANUEVA CARMONA, MARTIN					01/30/1982
2	Reporting Party	WHITEHOFF, SARA		(425) 945-6097			

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle							
Involved Vehicle						B65601Y	

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

01/18/2016 : 02:56:10 SP0166 Narrative: 19N2 - PUD OS

01/18/2016 : 02:27:42 SP0357 Narrative: NON INJ, CLEARED BY PD

01/18/2016 : 02:26:58 SP0380 Narrative: PUD ADVISED

01/18/2016 : 02:26:36 SP0357 Narrative: 1 VEH OFF SHOULDER, PD OS, PEOPLE ON SHOULDER

01/18/2016 : 02:26:31 SP0380 Narrative: A17935

01/18/2016 : 02:25:52 SP0380 Narrative: PD OS DOESN'T THINK THERE ARE INJ

01/18/2016 : 02:24:05 SP0380 Narrative: ELECT BOX PUSHED OFF CONCRETE BASE - DOESN'T LOOK LIKE WIRES SEVERED

01/18/2016 : 02:23:47 SP0380 Narrative: ADV PUD

01/18/2016 : 02:21:38 SP0338 Narrative: RP IN SPACE 52 LR338

01/18/2016 : 02:21:07 SP0338 Narrative: SUS NEW TENNANT- HM N/D CLOTHES UKN NAME, MALE WENT INTO HSE AND TURNED THE LIGHTS OFF,

01/18/2016 : 02:19:45 SP0338 Narrative: TOOK OUT MAILBOXES CABLE BOX AND POWER BOX EXPOSED WIRES

01/18/2016 : 02:19:23 SP0338 Narrative: MAR CHEV TK L/B65601Y, M POSS WENT INTO HSE

01/18/2016 : 02:18:28 SP0338 Narrative: POSS DUI DRIVER CRASHED INTO POWERBOX, UKN INJ



591971

## SUPPLEMENTAL

REPORT NO. E508560

**E508560**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E508560**CASE # **2016-000001068**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>VENTURA RAMIREZ LEOBARDO</b>																
ADDRESS & PHONE #		<b>2026 ROCKEFELLER AVE EVERETT WA 98201</b>					SEX	<b>M</b>	D.O.B. MM/DD/YYYY	<b>01</b>	-	<b>18</b>	-	<b>1985</b>				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>11</b>	AIRBAG	<b>2</b>	RESTR.	<b>9</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>VENTURA CARMONA PABLO</b>																
ADDRESS & PHONE #		<b>4481 10TH ST APT B GUADALUPE CA 93434</b>					SEX	<b>M</b>	D.O.B. MM/DD/YYYY	<b>10</b>	-	<b>18</b>	-	<b>1993</b>				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>11</b>	AIRBAG	<b>2</b>	RESTR.	<b>9</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>DACRUZ ARTHUR E</b>																
ADDRESS & PHONE #		<b>704 87TH AVE NE #52 LAKE STEVENS WA 98258 4254199234</b>					SEX	<b>M</b>	D.O.B. MM/DD/YYYY	<b>08</b>	-	<b>20</b>	-	<b>1984</b>				
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**N. ADAMS #127**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**01-28-16 10:29 PM**

DATED

PLACE SIGNED

APPROVED BY

**BOB SUMMERS 0079**

DATE

**1/23/2016 4:55:09 AM**

BADGE OR ID #	<b>127</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>2:17 AM</b>	TIME POLICE ARRIVED	<b>2:18 AM</b>
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**PART B** 3000-345-160 R (7/06)

PAGE **2** OF **6**



REPORT NO. E508560

CASE # 2016-000001068

DATE AND TIME  
OF COLLISION

01/18/16 02:17

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**NARRATIVE**

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On 01/18/16 at about 0217 hours I responded to a collision in the Westview Estates Mobile Home complex, nearest city street was 500 block of Vernon Rd, in the city of Lake Stevens.

Vehicle 1 (LIC: B65601Y) was parked in a driveway of a residence. A visible mud path, the width of the vehicle's rear tire, was present on the roadway, which started at the damaged PUD electrical box (#A17935) and mailbox across the street and ended under the vehicle's tire.

All evidence showed Vehicle 1 had backed straight out of the driveway, across the street and into the electrical boxes and mailbox before it pulled straight back into the driveway from where it came.

The registered owner of the vehicle at first claimed he didn't know what happened because he was asleep in the house but later said he was the driver of the vehicle and provided his insurance information.

A witness on scene said he heard the collision and went outside. The witness said he saw the burgundy truck, and pointed to the above vehicle mentioned, drive off the mail box and power boxes and pull forward into the driveway it was currently. The witness said he saw the registered owner of the truck exit the house where the vehicle was parked and two males in dark clothes exit the truck. The witness said he was unable to identify which male in dark clothes got out of the driver side of the vehicle but confirmed it was not the man who claimed to be the registered owner.

The witness said all three males went back into the house before Officers arrived on scene.

PUD was advised of the damage to their property and arrived on scene shortly after.

I took digital photographs of the scene, which I later printed and added to the case report.

On 01/21/16 at about 2140 hours (all times approximate), I was dispatched to a follow up call for a collision (for case 2016-00001068) that occurred at 704 87th Ave NE, in the city of Lake Stevens.

When I arrived on scene I spoke with a woman, Juanita May Baker (DOB 09/07/36), who said she bought her vehicle, LIC: ATM7917, about two weeks ago. Baker said she didn't know until the following morning after the collision that the mail box that was knocked over had damaged her vehicle, which had been parked near it.

I gave Baker a statement form to fill out and return once complete. Baker said she would include pictures she took of the incident.

On 01/23/16 at about 1800 hours, Officer Warbis handed me Baker's signed statement, printed photographs from Baker and a Vehicle Dealer-Temporary Permit Certificate of Fact for Address Verification form.

Baker stated when she asked her neighbor who claimed responsibility of the collision for his

REPORT NO. E508560

CASE # 2016-000001068

DATE AND TIME  
OF COLLISION

01/18/16 02:17

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**NARRATIVE**

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insurance information he claimed he was told by the Police he was not supposed to give it to her.

I never told anyone to withhold insurance information from anyone.

END OF REPORT.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT, AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

Nathan Adams #127

1/18/2016

Lake Stevens, WA

Officer

Date

Location Signed


**SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT**

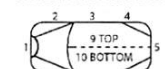

013197

REPORT NO. **E508560**CASE # **2016-000001068****COMMERCIAL MOTOR CARRIER**INTERSTATE ☐ INTRASTATE ☐UNIT # ☐ USDOT ☐ ICC # ☐ VEHICLE TYPE ☐ CARGO BODY TYPE ☐CARRIER NAME CARRIER ADDRESS CITY  ST  ZIP NAME SOURCE ☐ # AXLES ☐ GVWR ☐ PLACARD ☐ + ☐ NAME IF NO NUMBER **ADDITIONAL UNITS**UNIT # **3** MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4257831000**LAST NAME **PUD** FIRST NAME  MIDDLE INITIAL STREET NEW ADDRESS ☐ **PO BOX 1107**CITY **EVERETT** ST **WA** ZIP **98206**CDL  RESTRICTIONS  ENDORSEMENTS DRIVER'S LICENSE #  STATE  SEX **U** D.O.B. **MMDDYYYY**  -  - ON DUTY ☐ STATUS ☐ AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS ☐ NATURE OF INJURIES LICENSE PLATE #  STATE  VIN# TRAILER PLATE #  STATE  TRAILER PLATE #  STATE VEH. YEAR  MAKE  MODEL  STYLE  VEHICLE TOWED YES ☐ NO ☐ TOWED BY  GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION #  CHARGE 

SHADE IN DAMAGED AREA

UNIT # **4** MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4253464714**LAST NAME **BAKER** FIRST NAME **JUANITA** MIDDLE INITIAL **M**STREET NEW ADDRESS ☐ **704 87TH AVE #53**CITY **LAKE STEVENS** ST **WA** ZIP **98258**CDL  RESTRICTIONS  ENDORSEMENTS DRIVER'S LICENSE #  STATE  SEX **U** D.O.B. **MMDDYYYY** **09** - **07** - **1936**ON DUTY ☐ STATUS ☐ AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS ☐ NATURE OF INJURIES LICENSE PLATE #  STATE  VIN# TRAILER PLATE #  STATE  TRAILER PLATE #  STATE VEH. YEAR  MAKE  MODEL  STYLE  VEHICLE TOWED YES ☐ NO ☐ TOWED BY  GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION #  CHARGE 

SHADE IN DAMAGED AREA



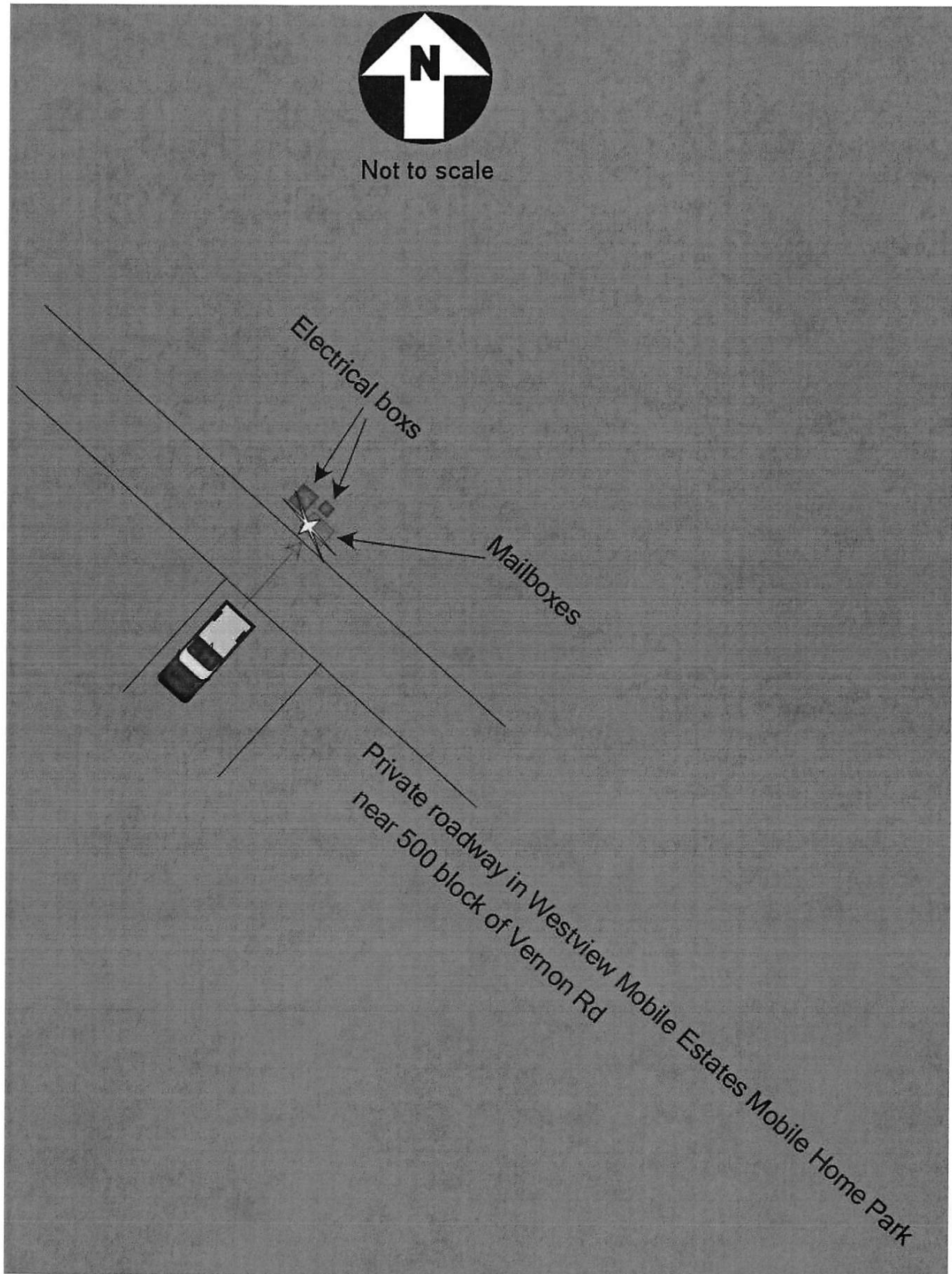
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**N. ADAMS #127**INVESTIGATING OFFICER'S SIGNATURE  UNIT OR DIST DET **01-28-16 10:29 PM**DATED: PLACE SIGNED BADGE OR ID # **127** ORI # **WA0311900**APPROVED BY **SUMMERS**DATE **1/23/2016**PAGE **5** OF **6**

REPORT NO. E508560

CASE # 2016-000001068

DATE AND TIME  
OF COLLISION 01/18/16 02:17





# LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER 2016-00001068VICTIM ☐ WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) Dacruz Arthur Eduardo		RACE other	ETHNICITY Portugues	SEX M	D.O.B. 06-20-89	AGE 27	HGT 5'11"	WGT 230	HAIR black	EYES brown
STREET ADDRESS 704 87th ave NE #52				CITY Lakestevenns			STATE WA		ZIP 98258	
HOME PHONE		CELL PHONE 425-419-9234			WORK PHONE					
EMAIL ADDRESS (OPTIONAL) Arthur Dacruz 89@gmail.com					PLACE OF EMPLOYMENT					

**STATEMENT:**

I came out my house after hearing a loud bang and watched a burgandy 2000's ford truck ~~be~~ come off of the mail box and power boxe's and he pulled forward to driveway and hit his utility trailer and guy came out the house and 2 guys in dark clothes got out the truck with owner of truck next to it and they shut off truck and all ran in the house I have witnessed a few times them coming home and opening there truck and beer bottles and cans fall out of the truck almost on a daily bases

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

11-18-16

OFFICER/NUMBER:

DATE SIGNED:

01/18/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"







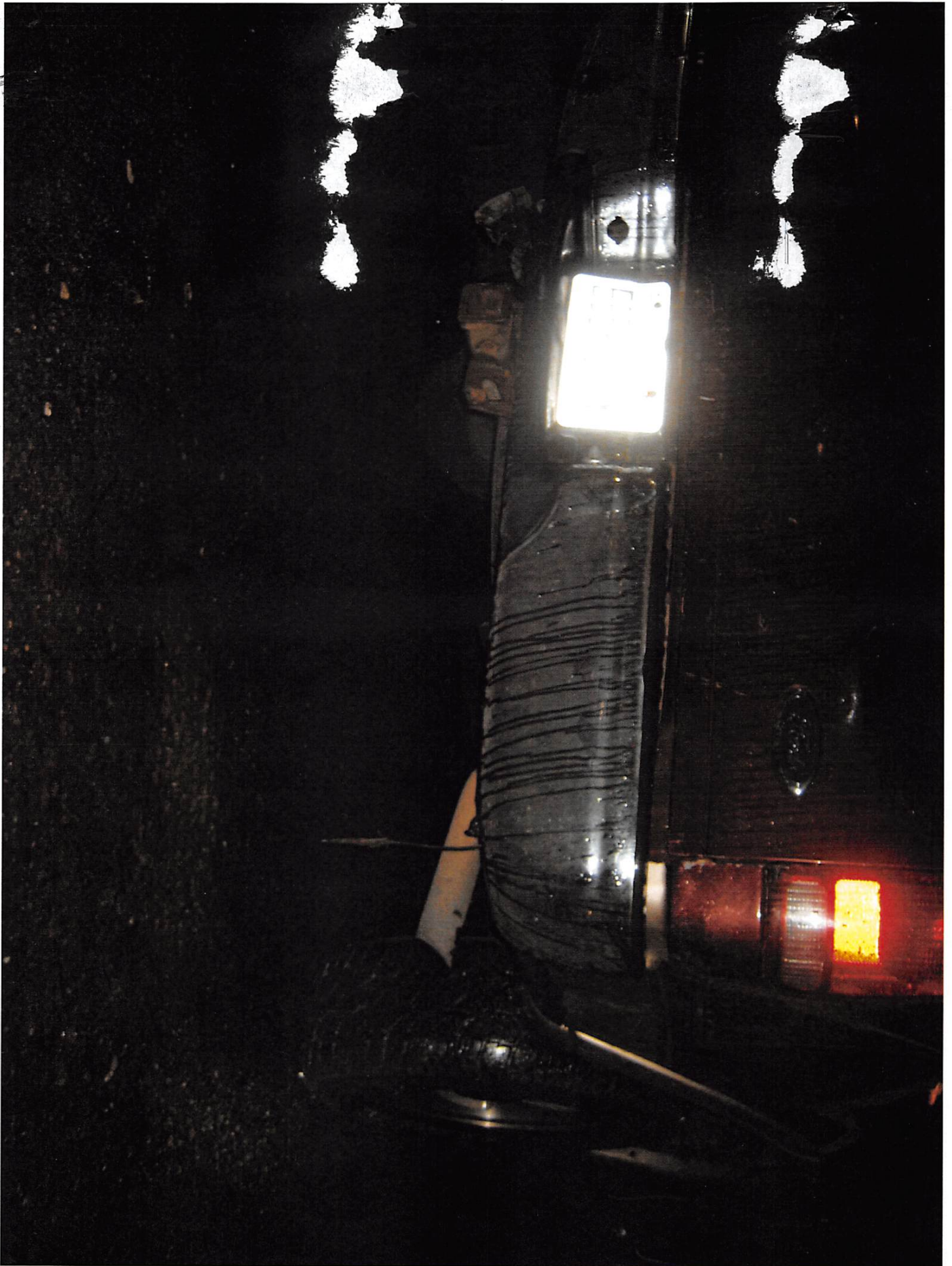










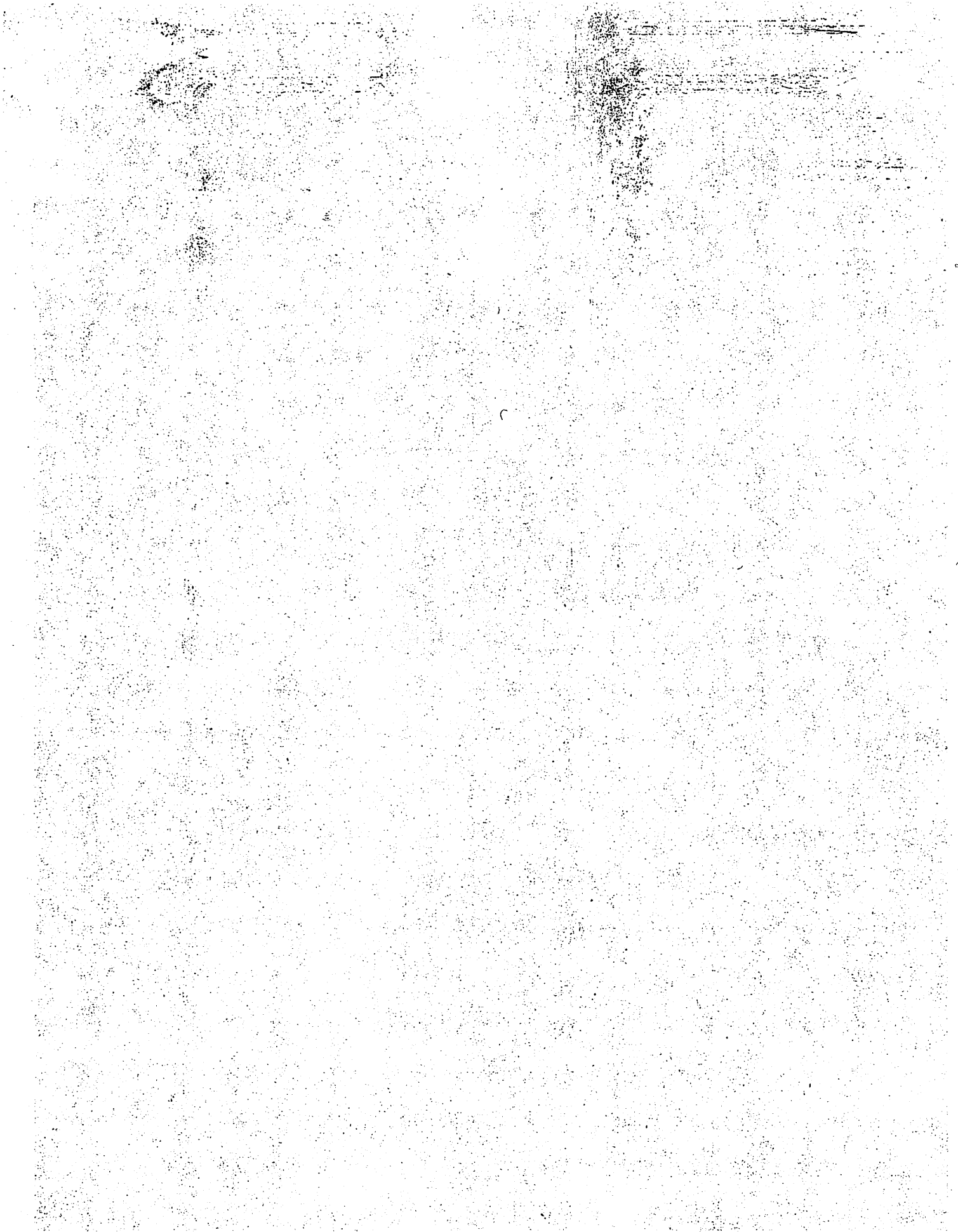
















MEXICO

MAJESTAD ACONSULTAR CONSULAR ID CARD

ESTADO LIBRE

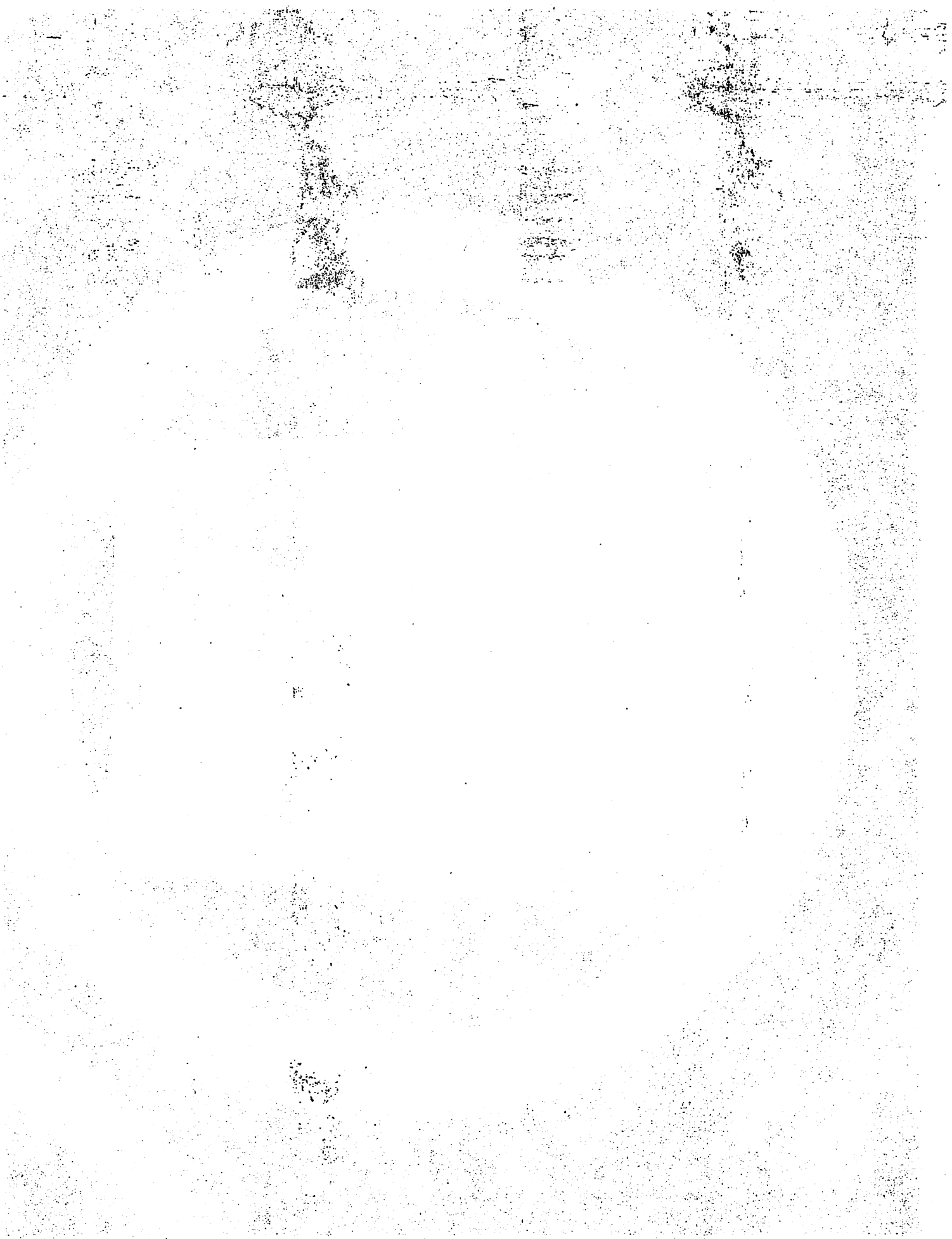
VENTURA RAMIREZ

SECTOR 1000 KERRILLER AVE  
P.O. BOX 1000  
W.A.

00000000000000000000  
00000000000000000000

25-04-2015

SRI









**MÉXICO**

**MATRÍCULA CONSULAR - CONSULAR ID CARD**

NOCHER'S / OWNER NAME'S  
**LEOBARDO**

APTELLOSO / SURNAME'S  
**VENTURA RAMIREZ**

DIRECCIÓN / ADDRESS  
2026 ROCKEFELLER AVE  
EVERETT, WA,  
98201

FECHA DE EMISIÓN / DATE OF ISSUE  
**25 04 2015**

AUTORIDAD / AUTHORITY  
CONSULMEX SEATTLE

FECHA DE EXPIRACIÓN / DATE OF EXPIRY  
**25 04 2020**

200759811

PRIMA DEL INTERESADO /  
BEARER'S SIGNATURE





**MÉXICO**

**MATRÍCULA CONSULAR - CONSULAR ID CARD**

NOCHER'S / OWNER NAME'S  
**PABLO**

APTELLOSO / SURNAME'S  
**VILLANUEVA CARMONA**

DIRECCIÓN / ADDRESS  
4481 10TH ST APT B  
GUADALUPE, CA,  
93434

FECHA DE EMISIÓN / DATE OF ISSUE  
**28 06 2015**


AUTORIDAD / AUTHORITY  
CONSULMEX LOS ANGELES

FECHA DE EXPIRACIÓN / DATE OF EXPIRY  
**28 06 2020**

200992262

PRIMA DEL INTERESADO /  
BEARER'S SIGNATURE















WA  
USA **WASHINGTON** DRIVER LICENSE

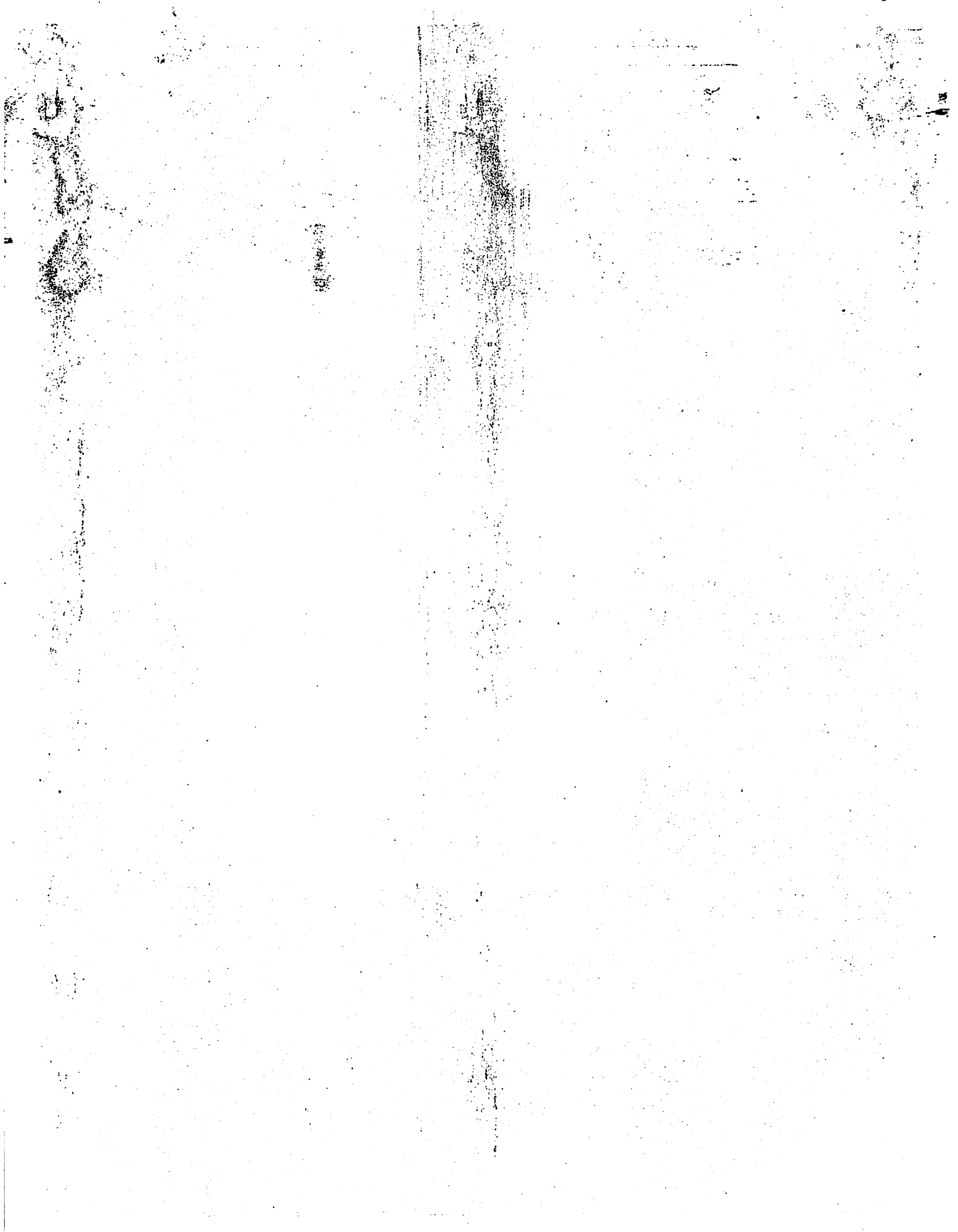
32138242C1683

4d LIC# VILLAM\*185BT  
 1 VILLANUEVA CARMONA  
 2 MARTIN  
 3 DOB 01-30-1982  
 8 2926 ROCKEFELLER AVE  
 EVERETT WA 98201-2252  
 15 Sex M 16 Hgt 5-04  
 17 Wgt 150 18 Eyes BRN  
 9 Class 9a End NONE  
 12 Restrictions NONE

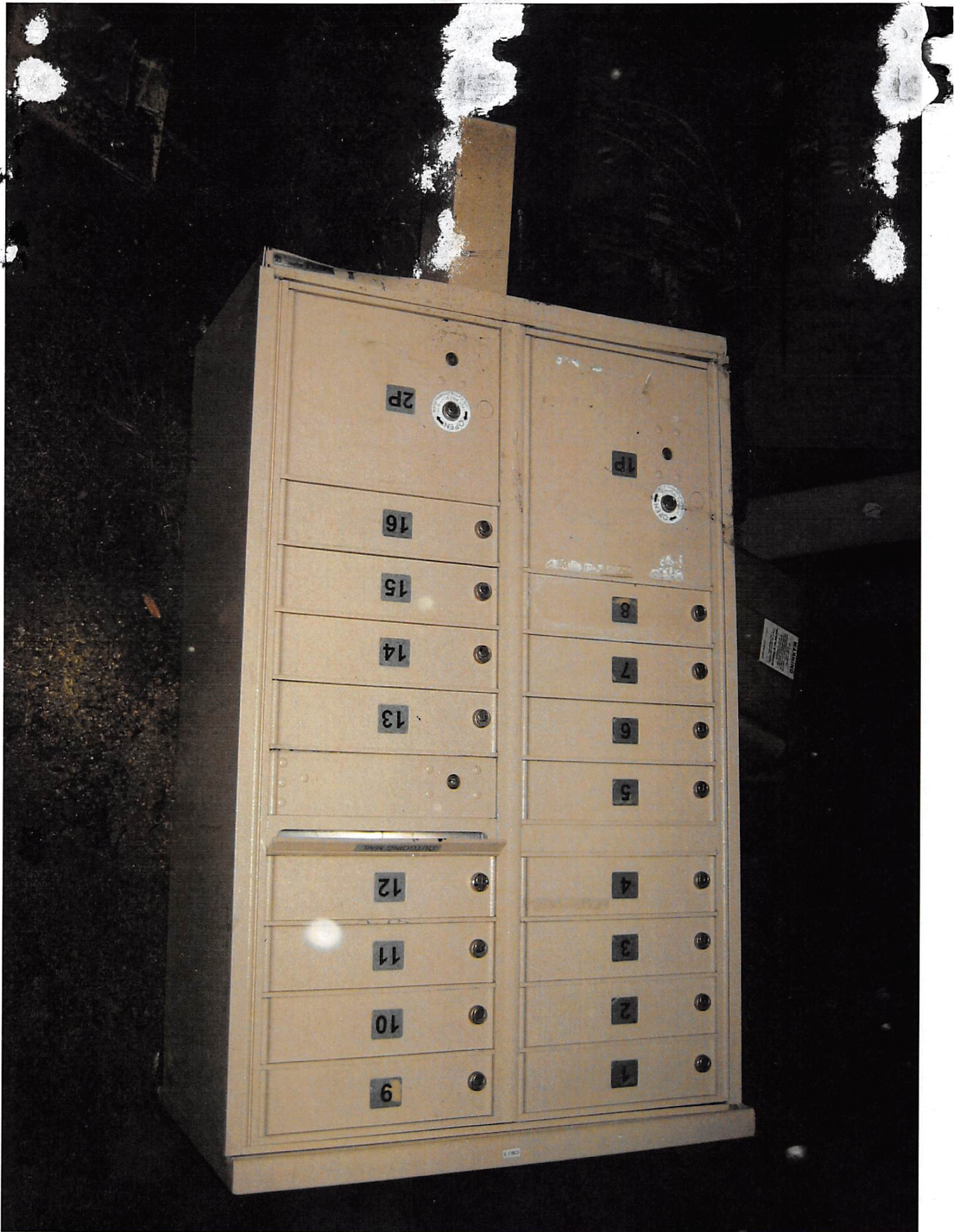
4d ISS 01-24-2013  
  
 4d Exp 01-30-2018

5 DD VILLAM\*185BT32138242C1683

Rev 09-10-2009







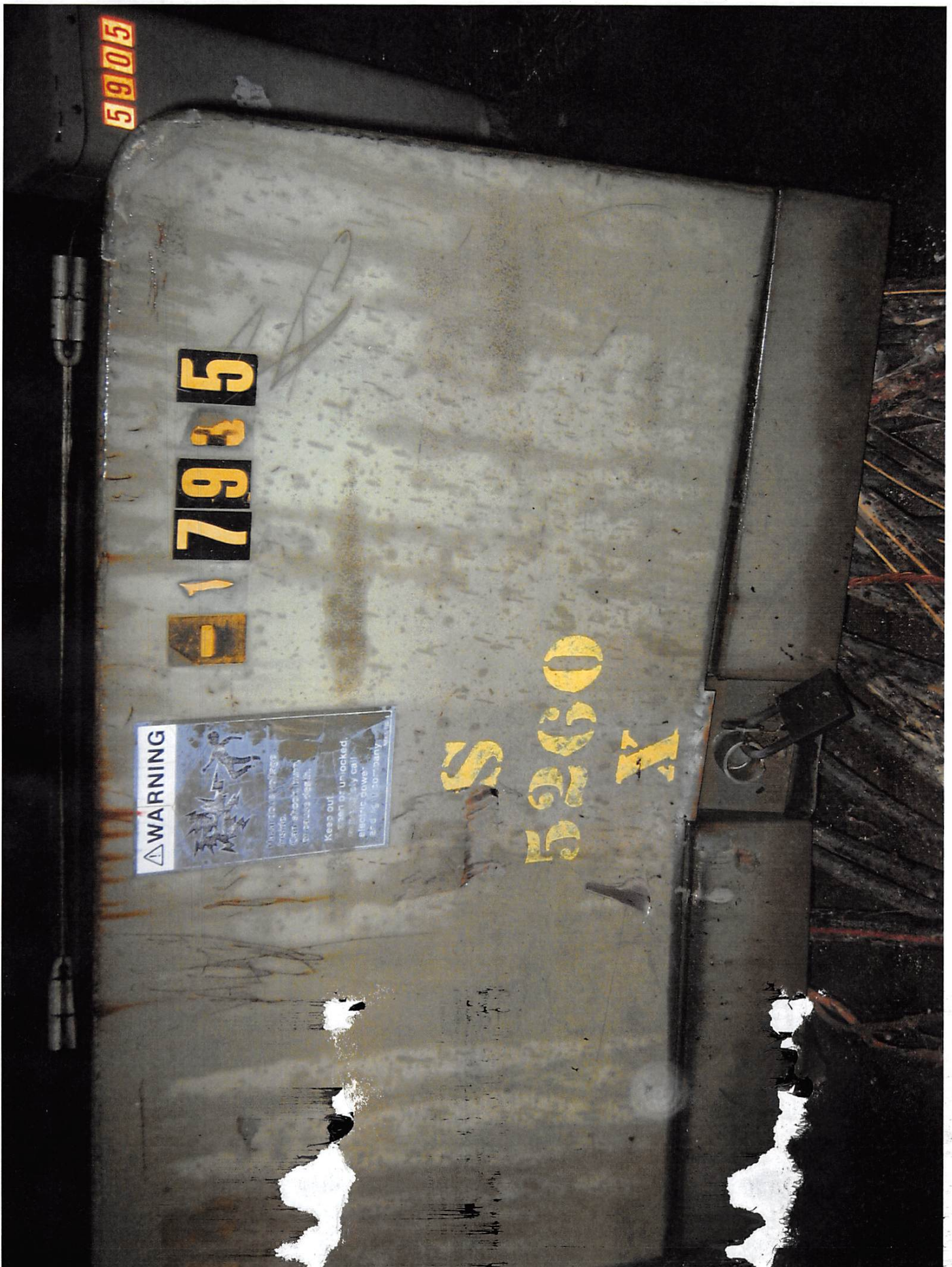
















# LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER 2016-00001068

VICTIM ☒ WITNESS ☐

NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>BAKER JUANITA, May</u>		RACE <u>W</u>	ETHNICITY	SEX <u>F</u>	D.O.B. <u>9-7-1936</u>	AGE <u>79</u>	HGT <u>5.6</u>	WGT <u>140</u>	HAIR <u>GRAY</u>	EYES <u>Green</u>
STREET ADDRESS <u>704 87<sup>th</sup> AVENUE #53</u>				CITY <u>Lake Stevens</u>		STATE <u>WA</u>		ZIP <u>98258</u>		
HOME PHONE <u>—</u>		CELL PHONE <u>425-346-4714</u>			WORK PHONE <u>—</u>					
EMAIL ADDRESS (OPTIONAL) <u>—</u>					PLACE OF EMPLOYMENT <u>Retired</u>					

### STATEMENT:

Around 2am Monday January 18<sup>th</sup> morning there was an incident involving Ford maroon truck belonging to #28 that took out power and cable box also took out mailbox which hit the hood of my 2004 Honda Accord resulting in damage to front lip of hood. Did not notice till morning wasn't going down with all the live electrical. Informed management of park. Tried to get insurance card from driver was told police told him he was not suppose to give it to us.

2004 Honda Accord was recently ~~purchased~~ bought paper work attached.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Juanita M. Baker</u>	DATE SIGNED: <u>1-22-2015</u>
OFFICER/NUMBER: <u>Edwards #127</u>	DATE SIGNED: <u>1/23/16</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page     OF



# Vehicle Dealer Temporary Permit Certificate of Fact for Address Verification

 Permit **E**  
 Number **9** **398696**

## Fees

Plate or TPO		Color #1		Color #2		Vehicle Identification Number (VIN)				Filing		
Model year	Pwr	Use	Make	Series/Body type		Model ID	Value code	Year	Scale weight			
Cycle engine or motor home number			Fleet code	Equipment #	MO reg	Reg exp date	Scale weight	Seats	RTA excise tax			
Declared GWT		Month GWT	GWT expiration	Mileage		Code	Previous title #		State	License		
Special options <input type="checkbox"/> DAV <input type="checkbox"/> Leased <input type="checkbox"/> No title issued <input type="checkbox"/> NRM <input type="checkbox"/> Bonded <input type="checkbox"/> Non-roadworthy <input type="checkbox"/> Native American <input type="checkbox"/> Reg only <input type="checkbox"/> <input type="checkbox"/> Joint tenants with rights of survivorship				County of residence		Purchase price	Tax jurisdiction	Tax rate	Application			
<b>Washington State primary residence street address or Washington State principal place of business street address is required on the vehicle record. For exceptions to this rule, see form TD-420-004.</b>				<input type="checkbox"/> <b>USE TAX EXEMPT:</b> Private automobile was purchased and used by me in another state for a minimum of 90 days while I was a bonafide resident, before I entered Washington on _____ (Must be used in WA for personal and family transportation only.)				Inspection				
				<input type="checkbox"/> <b>GIFT:</b> Donor previously paid Washington State sales/use tax.				VIN assignment				
				<input type="checkbox"/> <b>INHERITANCE:</b> Washington sales/use tax paid by testator.				Gross weight				
				<input type="checkbox"/> Transferred to <b>SPOUSE</b> .				GWT credit (Attach pro				
				<input type="checkbox"/> Sale to <b>INDIAN IN INDIAN COUNTRY</b> . Notarized statement is attached.				Arbitration				
<b>For more than two registered or legal owners, please attach additional applications.</b>											Sales/Use tax	
<b>New registered owner</b> Name (Last, First, Middle initial) _____												License service
Name (Last, First, Middle initial) _____												Plate
Washington State primary residence street address (if an individual) or Washington State principal place of business street address (if a business) _____												LPG
Address (continued) _____												Aquatic weed
Mailing address (if different than residence address) or exception address _____												Trauma
First owner's Washington driver license, ID card, or UBI number						Second owner's Washington driver license, ID card, or UBI number						
<b>New legal owner or lienholder—must be filled out if different than the registered owner</b>												Replacement tab
Name (Last, First, Middle initial) _____												State parks donatio
Name (Last, First, Middle initial) _____												<input type="checkbox"/> \$5 <input type="checkbox"/> \$0
Address _____												Out of state
Address (continued) _____												Other
First owner's Washington driver license, ID card, or UBI number						Second owner's Washington driver license, ID card, or UBI number						
<b>Dealer's report of sale</b> I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected.						WA dealer number 7654		Dealer name		Date of sale		
Date of delivery _____						Vehicle is: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Previously titled		Dealer's authorized signature <b>X</b> _____		Subagent fee (Do not include in total)		

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment or both. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date and place \_\_\_\_\_

**X**

Registered owner signature

Position, if signing for a business

Date and place \_\_\_\_\_

**X**

Registered owner signature

Position, if signing for a business

## Notarization/Certification for registered owner(s) signature

(Seal or stamp)

State of Washington, County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_

by \_\_\_\_\_

Signature \_\_\_\_\_

by \_\_\_\_\_

Printed or stamped name \_\_\_\_\_

Title \_\_\_\_\_

and \_\_\_\_\_ Dealer or county/office number or notary expiration date



Baker's photo 1 of 2





Baker's photo 2 of 2

